Effective on 12/08/2004			Complete if Known					
Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818)				Application Numb	per	10/709,010		
FEE TRANSMITTAL				Filing Date		April 7, 2004		
··· ··· · · · · · · · · · · · · · · ·				First Named Inve	ntor	Matthew J. Murray		
For FY 2005				Examiner Name		LE, HUYEN D		
Applicant claims small entity status. See 37 CFR 1.27				Art unit		2615		
TOTAL AMOUNT OF PAYMENT				Attorney Docket N	No.	019778-000065		
METHOD OF PAYMENT	(check all the	at apply)						
			· Non	- 041 (-1-	: 1	-4:C-)		
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 13-4365 Deposit Account Name: Moore & Van Allen PLLC								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
	Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments							
under 37 ( WARNING: Information on	CFR 1.16 and this form may		dit card info	rmation should not b	e includ	ed on this form. Provide o	redit card	
information and authorizati								
FEE CALCULATION	CU AND EV	AMINATION CCC						
1. BASIC FILING, SEAR		G FEES		CH FEES	FXA	MINATION FEES		
,		Small Entity	0.0.	Small Entity	_, _,	Small Entity		
Application Type	Fee(\$)	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	Fee(\$	<u>Fee(\$)</u>	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	300	300	150	160	80	<del></del>	
Reissue	300	500	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description	S					Fee(\$	Small Entity ) Fee(\$)	
	r Reissues, e	ach claim over 20	and more t	han in the original	patent	<u>1 55(4</u> 50	25	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100								
Multiple dependent claim			<b>k</b>			360	180	
Total Claims	Extra Clai	ms Fee (\$)	Fe	e Paid (\$)	Mult	iple Dependent Claims		
- 20 or HP = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20								
Indep. Claims	claims paid for Extra Clai	. •	E	ee Paid (\$)			1	
- 3 or HP =		X <u>ree (#)</u>	= 175	e Paid (#)				
HP = highest number of indep		paid for, if greater that	an 3					
3. APPLICATION SIZE F								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 =		/50 =		(round up to a who				
4. OTHER FEES								
Non-English Specifications, \$130 fee ( no small entity discount)								
Other:								

SUBMITTED BY			
Signature	Man Motal	Registration No. 47,183 (Attorney/Agent)	Telephone 919-286-8000
Name (Print/Type)	Matthew W. Witsil		Date June 27, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.** 

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